


NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) SEDN/152CON2	
		In re Application of Yong Ho Son	
		Application Number 10/695,277	Filed 10/28/2003
		For SECURE DISTRIBUTION OF VIDEO ON-DEMAND	
		Art Unit 2425	Examiner Jean D. Saint Cyr
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))		\$ 540.00	
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:		\$ 270.00
<input type="checkbox"/>	A check in the amount of the fee is enclosed.		
<input checked="" type="checkbox"/>	Payment by credit card. The fee of \$270 has been paid with the submission of this paper using the Patent Electronic Business Center. In the event of an additional fee, kindly charge that fee to Deposit Account No. 50-4802.		
<input type="checkbox"/>	The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input type="checkbox"/>	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____.		
<input type="checkbox"/>	A request for a two-month extension of time is requested.		
I am the			
<input type="checkbox"/>	applicant /inventor.		
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
<input checked="" type="checkbox"/>	attorney or agent of record. Registration number <u>39,414</u>		
<input type="checkbox"/>	attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. _____		
		 Signature	
		Eamon J. Wall Typed or printed name	
		732-530-9404 Telephone number	
		_____ Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of _____ forms are submitted.			